

**CY 2026 High Level Summary of Change or Crosswalk of Changes for
PRA Package CMS 10237: Part C - MA and 1876 Cost Plan Expansion Application**

CY 2026 Application Section	Summary of Change	Justification for Change	Category of Comment	Level of Applicant Burden <i>I = Increases burden D – Decreases burden N – No Change</i>
Entire Application	Updated Dates for the CY2025 application cycle	Current application reflected the dates for CY2025.	N/A	N
1.3	Updated website addresses under the Important Resources section.	Current application included website addresses that are expired.	N/A	N
1.3	Incorrect title and link for "Marketing Guidelines" under Important References.	Providing correct title and link for MCMG.	NA	N
2.4	Update SMAC PRA control number and expiration date.	Provide the correct information to MA and SNP applicants.	N/A	N
2.5	Updated the section to reflect the CY 2025 Medicare Advantage and Part D Final Rule.	The regulations were updated in 2021 to include the required materials at 422.2267(e) and 423.2267(e).	N/A	N
3.2 Administrative Management	Change citation regulation in the introductory paragraph. from 422.506(a)(4)(a) to 422.506.	To revise a regulation citation typo for clarity.	Attestation	N
3.3 State Licensure	Require applicants to submit a current State License or Certificate of Authority (COA) for each state they are applying to operate in.	Only initial applicants, or SAE applicants applying to operate in a new state, are currently required to upload their State License/COA. Due to an increase in state licensure-related consistency issues, we are now requiring all	Upload	I – Will require an additional upload for applicants.

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		applicants to upload a copy of their State License/COA for the states in the service area they are applying to operate in.		
3.5 Fiscal Soundness	<p>Added the following:</p> <p>Note: If the applicant was not in business in previous years, it must electronically upload the financial information it submitted to the state at the time the state licensure was requested. If the applicant has a parent organization, it must submit the parent's most recent audited annual financial statements and the parent's most recent Quarterly NAIC Health Blank or other form of quarterly financial statements if the Quarterly Health Blank is not required by your state.</p>	Update instructions to clarify that if the applicant submits the parent's most recent audited annual financial statements, they must also submit their parent's most recent quarterly financial statements.	Attestation	N
3.10 Marketing	Changed "Marketing requirements" to Communication and Marketing"	The regulatory sections cited (422.2260-422.2276) describe communications and	Attestation	N

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		marketing requirements, so the edit is to reflect this language.		
3.10 Marketing	Add 423.128, 422.2267(e), and 423.2267(e) to language.	The regulations were updated in 2021 to include the required materials at 422.2267(e) and 423.2267(e).	Attestation	N
3.10 Marketing	Changed title from “Marketing” to “Communications and Marketing”	Correction	Attestation (section title)	N
3.10 Marketing	Updated introduction language to read “Communications and Marketing attestations”	Correction – original title excluded communications	Attestation (introduction)	N
3.10 Marketing	Updated attestation language to read: “including, but not limited to, the Medicare Communications and Marketing Guidelines, user guides, and communications through HPMS.”	Updating list of guidance that is currently used by plans	Attestation (introduction)	N

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3.10 Marketing	Removed “MA” before “plans” to read as follows: “to ensure that Medicare beneficiaries understand the features of their plans”	Correction – to account for both MA and Cost Plans	Attestation (introduction)	N
3.10 Marketing	Changed header from “MARKETING” to “COMMUNICATIONS AND MARKETING”	Correction – to match new title of section 3.10	Attestation (header)	N
3.11 Eligibility, Enrollment and Disenrollment	Changed “Marketing” to “eligibility, enrollment and disenrollment”	Correction – 3.11.1 inadvertently referred to Marketing	Attestation 3.11.1	N

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5.4 D-SNP	Added the following attestation: "Organization will offer to assist D-SNP enrollees with obtaining Medicaid covered services and resolving grievances, including requesting authorization of Medicaid services, as applicable, and navigating Medicaid appeals and grievances in connection with the enrollee's own Medicaid coverage, regardless of whether such coverage is in Medicaid fee-for-service or a Medicaid managed care plan. If the enrollee accepts the offer of assistance, the D-SNP must provide the assistance."	Add - The requirements at 422.562(a) and 422.629(e) have been in effect since CY 2021 but information gathered through CY 2023 CMS program audits indicates that plans may not be aware of this requirement and implementing it as required. The attestation will ensure new D-SNPs are aware of these program requirements.	Attestation 5.4.3	I – Slight increase as applicants have an additional attestation to answer
5.8 Health Risk Assessment	Changed the word “food scrutiny” to “food insecurity”	Correction – updated for accuracy	Attestation 5.8.1 g	N
5.8 Health Risk Assessment	Removed the word ‘authoritative’ from question 3.	Revised – the word is not included in regulation or manual	Attestation 5.8.3	N